



Bay Oaks Recreational Campus Corporate Membership Registration



Please print and fill out completely

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Business Contact Person/Owner _____

Email _____

Phone Number _____ Alt. Phone Number _____

Membership Plan Type

☐ Bay Oaks

☐ Pool

☐ Bay Oaks & Pool

Business Name	Card #	Business Name	Card #	Business Name	Card #
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	

Business Name	Card #	Business Name	Card #	Business Name	Card #
31		51		71	
32		52		72	
33		53		73	
34		54		74	
35		55		75	
36		56		76	
37		57		77	
38		58		78	
39		59		79	
40		60		80	
41		61		81	
42		62		82	
43		63		83	
44		64		84	
45		65		85	
46		66		86	
47		67		87	
48		68		88	
49		69		89	
50		70		90	

Any lost or stolen card is subject to a \$5.00 replacement fee. Each individual guest is responsible for filling out their own waiver form upon their first use of either facility. I certify that all of the above information is correct.

Participant Signature

Witness Signature

Print

Print

Date

Date